

## **Request for Applications for Local Minority-Based Partnerships/Projects in Tobacco Prevention and Cessation**

The Indiana Tobacco Use Prevention and Cessation Executive Board (Tobacco Board) seeks to fund minority-based partnerships and projects at the county level as a component of Indiana's comprehensive tobacco prevention and cessation program. The Tobacco Board wants to ensure that funding is available to local minority-based partnerships and projects to help eliminate health disparities resulting from tobacco use in minority populations. The Tobacco Board recognizes that different organizations will submit applications in the same counties. **The minority-based partnerships or projects are expected to work with the community-based partnerships; however, the application, funds and reporting process will be separate.**

The accomplishments of model state tobacco prevention and control programs in the United States confirm that effective tobacco reduction programs are those that are broader than traditionally-used approaches such as school curriculum or isolated cessation efforts to help individuals who want to quit. All successful state programs are designed to change environments to encourage development of social norms that promote and support tobacco-free lifestyles.

This request for applications is an invitation for minority communities to join together to make the Tobacco Board's vision.... ***To significantly improve health in Indiana and reduce the disease and economic burden tobacco use places on Hoosiers of all ages...*** a reality for all Indiana communities.

### **Applicant Eligibility**

Minority organizations, entities, and businesses may apply for the local minority-based funding component of the Tobacco Board's program. It is not necessary to designate a lead agency for the local minority-based partnership/project component. **Preference will be given to the partnership approach.**

The Tobacco Board has identified 29 counties that represent 95% of Indiana's minority population based on the 2000 Census. Minority organizations, entities, and businesses providing services in these local counties are eligible to apply for funding for the fiscal year 2001- 2002. Refer to the Minority Program Funding Chart for the county names, minority population, and maximum amount of funding available for each county. The funding request per applicant will vary.

## **Requirements for Receiving Funding**

**Approximately \$2,500,000 (million)** in funds will be available annually for local minority-based partnerships for the 2001-2002-program year. Applicants will be given the opportunity to extend funding for one year, contingent on meeting the requirements of the contract. Submission of work plan reports, progress reports, and fiscal reports is a condition of continued funding.

A quality application includes:

- A work plan that includes a plan to build strong minority-based partnerships across the county to mobilize around tobacco prevention and cessation issues that eliminate health disparities resulting from tobacco use in minority populations.
- Visionary goals, clear expected outcomes, and specific activities with time frames, measurable results and responsibilities of partnerships outlined in the work plan.
- Applicants are encouraged to show a plan for addressing multiple areas of tobacco control based on the minority community's state of readiness as identified through community assessment.
- Appropriate assessment and evaluation activities are outlined according to standards set by the Board's evaluation committee and evaluation plan.

Applicants should refer to the Board's Indicator/Example Outcomes Chart, Best Practices for Indiana's Community-Based Program paper, and Example of Indiana's Continuum of Strategies Chart for guidance in the development of their proposal.

## **Future Funding**

The Indiana General Assembly has approved a total of \$65 Million for the next two years to implement a statewide coordinated, comprehensive tobacco prevention and cessation program in Indiana. Future funding will be determined by the General Assembly.

## Minimum Requirements

Applications will be evaluated based on the applicant's demonstration to meet the following minimum requirements.

The plan must address a minimum of one of the following four intervention areas:

- Building Strong Minority-Based Partnerships
- Protecting Minority Hoosiers from Exposure to Environmental Tobacco Smoke
- Reducing Minority Youth Initiation and Access to Tobacco
- Promoting and Using Cessation Resources to the Minority Community

The Tobacco Board recognizes that applicants may need more time to build their capacity to initiate tobacco interventions in their community.

The minimum requirements for all applications are as follows:

- Applicants are expected to use Tobacco Board funds to supplement other funds that are used to address tobacco prevention and cessation in their community. Using funds in this manner will create a synergistic effect that will build on and enhance current efforts.
- Must include a two-year timeframe. Activities must be directly related to the Board's objectives and Community Indicators. The work plan must address how the community will demonstrate progress toward the community indicators selected for interventions.
- Must include a plan for linking to the statewide media campaign that will be coordinated through the Board's advertising/public relations agency.
- Must include a plan to link to local community partnerships funded by the Tobacco Board in the same county.

## **Application Content:**

### **Application Cover Sheet**

The application cover sheet includes basic information about the applicant.

### **Community Vision – Form A**

Each application should include a statement of the minority community's vision for tobacco prevention and cessation. (Form A should be used for this portion of the application.) This section should also include a statement of how the partnership or project's plan is directly related to the Tobacco Board's vision and mission.

### **Community Partnerships and Training Plan – Form B**

Preference will be given to the partnership approach. Community partners are the organizations and people who will be involved in the program and will be partners in planning and implementing the program to reduce tobacco use. In this section of the application, on the form provided, list the current community partners and describe their role in the local program. In the work plan, outline the plan for recruiting additional partnerships, training individuals and organizations involved in the program, and how the partnership will maintain the collaboration. (Form B should be used for this portion of the application.)

### **Community Work Plans – Form C**

This is the place in the application to describe plans for building partnerships and local program activities. Complete all sections of the form that is provided. It is expected that the strategies proposed be from those listed in the Indicator/Outcomes Chart and Strategies Chart. (Use Form C for completing this section of the application. Use a separate page for each outcome detailed in the work plan.)

### **Budget Worksheet – Form D**

Use Form D for completing this section of the application.

### **Budget Narrative – Form E**

Budget will include the following categories:  
Personnel, Travel, Supplies, Contracts, Other, Equipment  
(Use Form E for completing this section of the application.)

**Tobacco Prevention and Education Program  
2001-2002**

**Application Cover Sheet**

**Application for Local Minority-Based Partnerships**

**Agency Information**

Agency Name: \_\_\_\_\_

County: \_\_\_\_\_

Agency Contact, Director or CEO: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact to Tobacco Agency: \_\_\_\_\_

Signature of Primary Contact: \_\_\_\_\_

**Proposal Information**

Maximum funding requested: \_\_\_\_\_

**Form A**  
**Community Vision**

**Form B**  
**Community Partnerships & Training Plan**

Current coalition members and community partners should describe their role in the local program. Signatures from the coalition chair and coalition members involved in the development of the work plan must be included below.

**Community Partners**

Name of Organization	Name of Contact	Role in Coalition	Subcontractors (if applicable)

*This form can be provided electronically or on disk (WordPerfect 6.0) on request.*

Local Coalitions RFA - OHD: Form B

*Use as many of these forms as necessary.*

**WORK PLAN – Form C – Goal 1**

Goal 1: Building Strong Minority-			
Community Indicator(s)	Expected Outcome(s)	Work plan, Strategies, & Activities	Organization/Individual Responsible for Tasks

**WORK PLAN – Form C – Goal 2**

<b>Goal 2: Protecting Minority Hoosiers from Exposure</b>			
<b>Community Indicator(s)</b>	<b>Expected Outcome(s)</b>	<b>Work plan, Strategies, &amp; Activities</b>	<b>Organization/Individual Responsible for Tasks</b>

**WORK PLAN – Form C – Goal 3**

<b>Goal 3: Reducing Minority Youth Initiati</b>			
<b>Community Indicator(s)</b>	<b>Expected Outcome(s)</b>	<b>Work plan, Strategies, &amp; Activities</b>	<b>Organization/Individual Responsible for Tasks</b>

**WORK PLAN – Form C – Goal 4**

<b>Goal 4: Promoting and Using Cessation Resources</b>			
<b>Community Indicator(s)</b>	<b>Expected Outcome(s)</b>	<b>Work plan, Strategies, &amp; Activities</b>	<b>Organization/Individual Responsible for Tasks</b>

## Budget Explanation

A chart, which lists the maximum funding levels for designated Indiana counties for the **Minority-based program**, is included in the Attachments section. Minority partnerships and projects are eligible for funding with a complete application, which meets all the funding and minimum requirements. The Indiana Tobacco Prevention and Cessation Agency will work with minority-based partners and projects to develop programs that have the greatest potential impact on eliminating health disparities resulting from tobacco use in minority populations. **Funding preference will be given to the partnership approach.** For the purposes of this document, partnership refers to partnerships or projects. An explanation of each budget category is outlined below.

### Description of Budget Line Items

The following line items should be included. Use the budget form provided or a similar format. Explanation of budget items must be submitted on a separate page or incorporated into a budget form.

#### 1. Personnel

##### a. Salaries and Wages

For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, and number of months salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by minority partnership funds must be dedicated only to tobacco use prevention activities approved in the work plan.

##### b. Fringe Benefits

For each position, indicate the rate and compute the amount charged for fringe benefits.

#### 2. Travel

Expenditures for travel will be limited to the rate customarily paid by the agency or the current rate being paid by the State of Indiana, whichever is the lesser. A chart summarizing the maximum reimbursement amounts from the State of Indiana's, Financial Management Circular No. 97-1.1 effective March 1, 1997 is included for reference.

##### a. In-state or Out-of-state Travel

Expenses incurred to attend tobacco prevention and cessation trainings, conferences and meetings are permitted. Present the following for each event: Description of the event or conference; rationale for attending (this should connect directly to your partnership's vision and program activities); anticipated follow-up from the event after you return to your community; budget estimate (travel, lodging, meals, registration fees, other expenses.)

**3. Supplies**

Supplies may include: office supplies, meeting supplies, or other supplies. The purchase of tobacco use prevention educational supplies should be consistent with the goals and objectives of the Tobacco Use Prevention and Cessation Executive Board. Include a narrative justification outlining the intended use and incorporation of the supplies into the local program.

**4. Contractual**

Descriptions of contracts for program activities must be included along with budget information. (Contracts for administrative activities such as out of agency printing, etc., do not need to be described.) On your budget form or on another page describe for each contract the following information: 1) scope of work including tasks and deliverables, 2) time period of the contract, 3) person in your agency who will supervise or manage the sub-recipient contract, 4) name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, RFPs, mini-grants, sole source, etc. The Tobacco Prevention and Cessation agency will provide a contract format to be used to collect information on sub-grantees upon award of the grant funds.

**5. Other**

This category can include costs for items such as telephone, rent, copying, printing, postage, mailing, publications, and public and professional education costs. If your agency or organization has an approved indirect cost plan, costs may not be included in the **Other** category if they are included in the indirect charge.

**6. Furniture and Equipment**

Office furniture, equipment and computer/software upgrades, are allowable, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year. All equipment purchased with grant funds, which cost \$500 or more, shall remain the property of the Indiana Tobacco Prevention and Cessation Agency and shall not be sold or disposed of without written consent from the Indiana Tobacco Prevention and Cessation Agency.

**7. Indirect Charges**

Indirect charges will vary according to need. Organizations may budget a maximum of 10% of the total direct cost amount. This amount is an integral component of total grant award. The total charges that are included in your approved indirect cost rate may not be listed as direct costs in your budget. Typical examples of indirect costs may include central service costs, accounting personnel services (see item 9, j. **Additional Conditions**), the costs of operating and maintaining facilities, etc. Check with your fiscal office to see if you are allowed to include an Indirect Charge, and to see what costs are categorized as “indirect” for your organization.

**8. Advertising and Communications**

All advertising and communication media must utilize the media campaign imaging and the common messages developed by the Indiana Tobacco Prevention and Cessation Executive Board.

**9. Additional Conditions**

The Grantee agrees to abide by the following additional conditions:

- a. That grant funds and program income shall not be expended for:
  1. Construction of buildings, building renovations;
  2. Depreciation of existing buildings or equipment;
  3. Contributions, gifts, donations, dues to societies, organizations, or federations;
  4. Entertainment;
  5. Automobile purchases, rental and/or leases;
  6. Interest and other financial costs;
  7. Fines and penalties;
  8. Bad debts;
  9. Contingency funds;
  10. Food; and
  11. Political contributions.
- b. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
- c. That any proposed changes in the target population served under this Grant Agreement or that any proposed changes in geographic location of service sites must be submitted in writing to the Tobacco Prevention and Cessation Agency.
- d. That funding is contingent upon providing individualized data files in a file structure specified by the Indiana Tobacco Prevention and Cessation Agency. Grantees will submit said data files to the Indiana Tobacco Prevention and Cessation Agency no later than the 30<sup>th</sup> day after the end of the month in which the Grantee's quarterly report is due according to a specific schedule determined by the Indiana Tobacco Prevention and Cessation Agency. The data provided by the Grantee will be used to perform statistical and evaluative functions, other reporting requirements.

- e. That changes in line items in the budget will be requested in writing and approved by a duly authorized representative of the Indiana Tobacco Prevention and Cessation Agency prior to implementation.
- f. That payment is contingent upon timely receipt of required client data in accordance with procedures and schedules established by the Indiana Tobacco Prevention and Cessation Agency, a copy of which is available upon request.
- g. That additional expenditures, i.e., matching and non-matching funds, can be made on this project by the Grantee in excess of amounts provided from grant funds. Such additional expenditures shall be reported to the Indiana Tobacco Prevention and Cessation Agency on the Quarterly Report of Revenues and Expenditures, see draft.
- h. That all income generated by grant funds shall be subject to the same requirements as the basic grant monies.
- i. To adopt and enforce a no smoking policy in project facilities at all times.
- j. Upon award of the funding, the applicant must file Form E-1 with the Indiana State Board of Accounts so the audit requirements can be determined and communicated to the agency. For additional information please contact Mike Bozyski, Supervisor for Not-for-Profit Corporations at 232-2525 or [www.ai.org/sboa/monthlye.html](http://www.ai.org/sboa/monthlye.html) to review the information on-line.

## Submitting an Application

The following items must be submitted for a complete application. Please submit the original and one copy of the complete application:

- ❑ Cover Sheet addressed to:

Indiana Tobacco Prevention and Cessation Agency  
Minority Programs Grant Administrator  
ISTA Building  
150 W. Market St., Suite 406  
Indianapolis, IN 46204

- ❑ Completed Forms:     Part A – Community Vision  
                                 Part B – Community Partnership and Training Plan  
                                 Part C – Work Plans  
                                 Part D – Budget Worksheet  
                                 Part E – Budget Narrative
- ❑ Other Narrative Information, as appropriate
- ❑ Attachments if appropriate
- ❑ The original and one copy of your completed application **must be received by November 1, 2001**, at the addressed listed above.

## Review Process

**A team consisting of members of the Indiana Tobacco Prevention and Cessation Executive Board, its staff, and a group of tobacco use prevention and health experts will review minority program proposals.**

**The committee will review proposals to ensure that each proposal meets the standards of effective minority community tobacco prevention and education as described in this grant application, and will then submit funding recommendations to the Tobacco Use Prevention and Cessation Executive Board.**

## TIMELINES

**October 1, 2001                      Completed Applications due to the Tobacco Prevention and Cessation Agency.**

**December 1, 2001                Funding period begins.**

## Indiana Tobacco Prevention and Cessation Agency (TPCA) Declarations

**The TPCA may seek additional information from an applicant prior to or during the review of the application.**

**The TPCA reserves the right to negotiate a modification of the proposed work plan and will award funds after agreement has been reached.**

**The TPCA reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to administration of the minority program upon request and copies thereof shall be furnished at no cost to the Indiana Tobacco Prevention and Cessation Agency.**

For questions and assistance please call: Indiana  
Tobacco Prevention and Cessation Agency at (317) 234-1787

Part D  
Budget Worksheet

	Expenses
1. Personnel	
<b>a. Salaries/Wages                      %FE                      Annual Salary Wage #Months</b>	
<b>1. (Position Title)</b>	
<b>2. (Position Title)</b>	
<b>TOTAL SALARIES/WAGES &gt;</b>	
<b>b. Fringe Benefits</b>	
<b>1. (Position Title)</b>	
<b>2. (Position Title)</b>	
<b>TOTAL FRINGE BENEFITS &gt;</b>	
2. Travel	
<b>a. In-State</b>	
<b>b. Out-of-State</b>	
<b>TOTAL TRAVEL &gt;</b>	
3. Supplies	
<b>a.</b>	
<b>b.</b>	
<b>TOTAL SUPPLIES &gt;</b>	
4. Contracts	
<b>a.</b>	
<b>b.</b>	
<b>TOTAL SUBCONTRACTS &gt;</b>	
5. Other	
<b>a.</b>	
<b>b.</b>	
<b>TOTAL OTHER&gt;</b>	
6. Furniture & Equipment	
<b>a.</b>	
<b>b.</b>	
<b>TOTAL FURNITURE &amp; EQUIPMENT &gt;</b>	
<b>TOTAL DIRECT COSTS&gt;</b>	
<b>7. INDIRECT COSTS ( Include if you have an indirect cost component. Maximum of 10% of the total direct cost requested is</b>	

<b>allowed.)</b>	
<p style="text-align: center;">TOTAL AMOUNT REQUESTED CANNOT EXCEED MINORITY GRANT AMOUNT ALLOCATED PER INDIVIDUAL COUNTY OR CONSORTIUM OF COUNTIES, SEE ATTACHMENT FOR FUNDING MAXIMUMS&gt;</p>	

- Note: 1. Line items must be explained in a narrative Budget  
Justification**
- 2. Costs such as central services, rent, and accounting can be  
budgeted in either  
#5 or #7, but not both.**

**Part E**  
**Budget Narrative**

**Personnel: (Summary of job description or responsibilities, attach additional sheets if necessary, one job description per sheet)**

**Travel: (description of event/conference; include rationale for attending and anticipated follow-up from your attendance. Please follow additional guidelines in instructions.)**

**Supplies: (explain the type and use of the educational and promotional supplies in your program.)**

**Contracts: (Include scope of work, including tasks and deliverables, time period of the contract, person in your agency who will supervise or manage the contract, name of contractor if known, otherwise explain method of selecting the contractor.)**

**Other: (Provide a detailed breakdown and explanation for expenditures)**

**Furniture and Equipment: (Explain in detail)**

## DRAFT

NAME OF ORGANIZATION  
QUARTERLY REPORT OF REVENUES AND EXPENDITURES

\*For the period of Dec 1, 2001 to Feb 28, 2002

Revenues:

Minority Grant funding \$ \_\_\_\_\_  
Other funding (if applicable; matching, internal) \_\_\_\_\_

**Total Revenues** \_\_\_\_\_

Expenditures:

**Personnel (gross wages, employer FICA, and benefits)**

**Travel**

**Supplies**

**Contractual**

**Other (telephone, rent, print, postage, mailing, etc.)**

**Furniture and Equipment**

**Indirect Charges (if applicable)**

**Advertising and Communications**

\_\_\_\_\_

**Total Expenditures**

\_\_\_\_\_

Excess of Revenues over (under) Expenditures

\_\_\_\_\_

Fund Balance – December 1, 2001

\_\_\_\_\_

Fund Balance – February 28, 2002

\$ \_\_\_\_\_

**\*Use time period applicable for your organization's minority program grant award, beginning the first day of the month immediately following the month in which the grant was awarded. Reports are due quarterly, at 3 month intervals. The figures should be cumulative from the time the grant is awarded.**

### **Contractual Agreement for Minority Program Activities**

Descriptions of contracts for minority program activities must be included along with budget information. Contracts for administrative activities such as out of agency printing, etc., do not need to be described.

Please describe for each contract the following information; please list each contractual agreement separately:

- 1) Scope of work including tasks and deliverables.
  
  
  
  
  
  
  
  
  
  
- 2) Time period of the contract.
  
  
  
  
  
  
  
  
  
  
- 3) Person in your agency who will supervise or manage the sub-recipient contract.

- 4) Name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, request for proposals, mini-grants, sole source, etc.

## Summary of Travel Allowances

1. Overnight Travel: The subsistence allowance for in-state travel is \$26.00 per day.

Example:

	<u>SUBSISTENCE IN-STATE</u>	<u>SUBSISTENCE OUT-OF-STATE</u>
Before 12:00 pm Departure	\$26.00	\$32.00
Between 12:00 pm and 4:30 pm Departure	\$13.00	\$16.00
After 4:30 pm Departure	\$0.00	\$0.00
Before 12:00 pm Return	\$13.00	\$16.00
After 12:00 pm Return	\$26.00	\$32.00

2. Meals provided are to be listed and deducted as follows:

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Breakfast	\$6.50	\$8.00
Lunch	\$6.50	\$8.00
Dinner	\$13.00	\$16.00

3. ONE DAY TRIPS: IN-STATE OUT-OF-STATE

Gone less than 12 hours	\$0.00	\$0.00
Gone more than 12 hours	\$13.00	\$16.00
Leave before 6a.m. and return after 6p.m.	\$19.50	\$24.00

WHEN A MEAL IS PROVIDED, NO SUBSISTENCE WILL BE REIMBURSED FOR THAT MEAL.

4. MILEAGE IN-STATE OUT-OF-STATE

First 500 miles	\$0.28	\$0.28
501 – 2500 miles	\$0.14	\$0.14

5. LODGING IN-STATE

**\$79.00**

**Effective July 1, 1999, the maximum rate for In-State lodging will be \$79.00 per night per person plus applicable taxes.**